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Wednesday, November 30, 2005

2005 DEC -5 AM 11:39

T.R.A. DOCKET ROOM



Tennessee Regulatory Authority
Attn: Darlene Standley
460 James Robertson Parkway
Nashville, TN 37243-0505

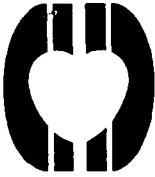
RE: Petition for 2-1-1 Designation (Docket 05-00275)

Dear Chief Standley,

This letter is in response to a TRA data request of CONTACT Lifeline of the Highland Rim, dated November 30, 2005. CONTACT is a member in good standing of Tennessee Alliance of Information & Referral Systems and TNAIRS supports their request for 2-1-1 designation.

Sincerely,

Doug Fluegel
2-1-1 State Director
TNAIRS



CONTACT

Board of Directors

Bedford County

Sonia Miller

Coffee County

Frank Cantrell

Jeff Emmett

Lynn Griffith

Franklin County

Gayle Chandler

Joyce Chaput

Maureen Graviss

Denise Holt

Dr. Don Ross

Moore County

Albert Stone

Sharon Johnson,

Executive Director

William Housholder,

Treasurer

Amy Hutchins,

Volunteer Coordinator

Judy Grealis,

Reassurance Coordinator

Grantee of

The Sanders Foundation

Sewanee Community Chest

United Way of Bedford County

United Way of Franklin County

United Way of the Highland Rim

Contact Life Line of the Highland Rim, Inc.

Since 1981

P.O. Box 1614
Tullahoma, TN 37388
www.contactlifeline.com

Business Phone: (931) 455-7150
Fax: (931) 455-3440
contactlifeline@midtnn.net

Friday, December 02, 2005

Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, Tennessee

RE: Petition for 211 designation (Docket No. 05-00275)

Dear Patsy,

Per your Conversation with William Housholder CPA for Contact Life Line of the Highland Rim on Friday, December 02, 2005. I am inclosing thirteen copies of the 990-EZ forms for 2004. In addition, are thirteen copies of the letter from Doug Fluegel 2-1-1 State Director of TNAIRS, stating our status with the Tennessee Alliance of Information & Referral Systems.

If additional information is required, please let me know.

Sincerely,

Sharon Johnson, Executive Director

Contact Life Line of the Highland Rim

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2004**Open to Public Inspection**

A For the 2004 calendar year, or tax year beginning , 2004, and ending , 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

Contact Lifeline

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

P.O. Box 1614

City or town, state or country, and ZIP + 4

Tulahoma TN 37388

D Employer identification number

62-1103281

E Telephone number

(931) 455-7150

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☐ Accrual
Other (specify) ►

I Website: ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 49,704

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	48,694
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,010
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ►)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	49,704
	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
Net Assets	12	Salaries, other compensation, and employee benefits	12	50,185
	13	Professional fees and other payments to independent contractors	13	236
	14	Occupancy, rent, utilities, and maintenance	14	8,123
	15	Printing, publications, postage, and shipping	15	3,361
	16	Other expenses (describe ► Equip-544; DUES, MEETING-270Z; INSURANCE-918)	16	5,367
	17	Total expenses (add lines 10 through 16)	17	67,272
	18	Excess or (deficit) for the year (line 9 less line 17)	18	(17,568)
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	73,273
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	55,705

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,273	55,705
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	73,273	55,705
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,273	55,705

Part III Statement of Program Service Accomplishments (See page 41 of the instructions)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? 24/7 CRISIS HOTLINE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28	24 HOURS A DAY TELEPHONE CRISIS INTERVENTION, INFORMATION AND REFERRAL SERVICES FOR 4 COUNTIES - TELEPHONES ARE MANAGED BY TRAINED VOLUNTEERS - EXPENSES ARE RELATED TO THESE SERVICES (Grants \$ <u>0</u>)	28a	<u>67,272</u>
29		29a	
30		30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	<u>67,272</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JASON FISHER MANCHESTER TN 37355	EXEC DIR 40 HRS WK	21,750	0	0
SHARON JOHNSON TULLA HOMA TN 37388	ASST EX DIR 40 HRS WK	16,875	0	0
JUDITH M. GRAEIS WINCHESTER TN 37398	DIR - REASSURANCE PROG. 70 HOURS WK	5,092	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	
39 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <u> </u> , section 4912 <u> </u> , section 4955 <u> </u>		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958	<u>0</u>	
d Enter: Amount of tax on line 40c, above, reimbursed by the organization	<u>0</u>	
41 List the states with which a copy of this return is filed		
42 The books are in care of <u>EXECUTIVE DIRECTOR</u> Telephone no. <u>(931) 455-7150</u> Located at <u>P.O. Box 1614 TULLA HOMA, TN 37388</u> ZIP + 4 <u>37388-1614</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer William S. Housholder Date

Type or print name and title WILLIAM S HOUSHOLDER, TREASURER

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's SSN or PTIN (See Gen. Inst. W)

EIN Phone no.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

CONTACT LIFELINE OF THE HIGHLAND RIM, INC

621103281

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$50,000 ▶				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
- e Transfer of any part of its income or assets?
- 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)
- b Do you have a section 403(b) annuity plan for your employees?
- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?
- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3a		X
3b		X
4a		X
4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
5 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	48,694	54,183	64,787	79,425	247,089
6 Membership fees received					
7 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
8 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,010	1,700	3,282	2,933	8,925
9 Net income from unrelated business activities not included in line 18					
10 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
11 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
12 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
3 Total of lines 15 through 22	49,704	55,883	68,069	82,358	256,014
4 Line 23 minus line 17	49,704	55,883	68,069	82,358	256,014
5 Enter 1% of line 23	497	559	681	824	
6 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 5,120
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 26,000
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 256,014
d Add: Amounts from column (e) for lines: 18 8,925 19 0 22 0 26b					26d 8,925
e Public support (line 26c minus line 26d total)					26e 247,089
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.5%
7 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
3 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.) *N/A*
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

 Check ☒ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures <i>N/A</i>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table—		
If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h) *N/A*

 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities *N/A*
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- | | | |
|---|--------|---|
| (i) Cash | 51a(i) | X |
| (ii) Other assets | a(ii) | X |
| b Other transactions | | |
| (i) Sales or exchanges of assets with a nonchantable exempt organization | b(i) | X |
| (ii) Purchases of assets from a nonchantable exempt organization | b(ii) | X |
| (iii) Rental of facilities, equipment, or other assets | b(iii) | X |
| (iv) Reimbursement arrangements | b(iv) | X |
| (v) Loans or loan guarantees | b(v) | X |
| (vi) Performance of services or membership or fundraising solicitations | b(vi) | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No

b If "Yes," complete the following schedule:

[illegible]